

County of Culpeper

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Employees of the County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. Please print in ink (preferably black).

	Position applied for: Department Social Security Number Full Legal Name:								
2.				Position # (Optional. Social Security Number will be required on other forms prior to					
3.									
4.									
5.	Last Address:			FIRST	Middle				
	City	Sta						many and any many	_
	based entened to be to me		ate		Zip				
6.	Home Phone ()			В	usiness Pho	ne_()			
7.	EDUCATION								
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	b. If you did not complete high school, do you have date you received it.			nave a high s	5 6 7 8 9 10 11 12 Year completed If yes, please indicate th				cate the
		of years of pos		education.	1 2 3 4	5 6 7			
Name	and location of Institution	: Hrs	Degree	Major/Spe		Minor		Dotos Attended	
		. 1113	Degree			WIIIIOI	1	Dates Attended	
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3.									
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8. 7 10 1101 10 1101	completion date EXPERIENCE — Use military, and applicable v for this position. You may supervisor? a. Job Title. Employer	Supplementary volunteer experie ay list significant	Experience / ence. Highligh ly different job	Form (s) for the your knowledge within the conditions.	additional sp edge, skills, s same organi	pace. Starting vand abilities wh zation as separ	with the mos nich best den rate items. M	st recent, describe a nonstrate your qualif May we contact your	all paid,
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	Immediate supervisor		Number/titles of employees you supervised Equipment used:				
	Title	Number/titles					
	Full time Part time	Hrs/wk Your name if	Reason for leavingYour name if different from present				
	d. Use this space for any additional information you think would help us evaluate your application, including training, seminars workshops, special achievements or specialized skills:						
	g error terdo no benuper ed liw rednik	(Optional Social Security No. amployment.)		Social Security Number			
	e. Automated word processing (Typing speed W f. License (to include driver's), or	ords per minute. Shorthand spe	edo practice a trade or profe	Words per minute.			
	Туре	License Number	Expiration Date	Granted by (licensing board)			
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9.	REFERENCES List names, addre	esses and relationships of three pe	ersons not related to you v	lame and location of Institution:			
				3			
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10.	MISCELLANEOUS						
	a. Check which shift you wi	Il accept: Day	Evening Week	kend Specify hours:			
	 b. Check which job status y 	ou would accept: Full time	salaried (benefits)	Part time Temporary (FT or PT)			
	c. Are you willing to accept employment which requires you to travel? Yes No. If yes, indicate which of the following: Days only Occasionally overnight Frequently overnight. d. For purposes of complying with the Immigration Reform and Control Act, are you legally eligible for employment in the United						
				et of 1986, you will be required to fill out			
			na verifying your identity.	Further, you will be required to provide			
	documentation to that effect should you be employed. e. Are you willing to provide your own transportation if necessary for employment? Yes No.						
	f. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check appropriate dates) World War I 4/16/17 to 4/1/20; World War II 12/7/41 to 12/31/46; Korean Conflict 6/27/50 to 1/31/55; Vietnam Conflict 8/5/64 to 3/7/75;						
	None of the dates shown, but I did serve in the military. g. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed befor your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? Yes No. If yes, list all and explain						
11.	When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice). Month Day Year.						
12.	are true and complete, and I agree cause forfeiture on my part to an application is subject to verification regarding this application. I furticontacts. Information contained on on a need-to-know basis for good	the eard understand that any falsificant employment in the service of the service and form the service the County to rely until this application may be disseminated cause as determined by the agent	ation of information hereine County of Culpeper. If the mer employers and education and use, as it sees the to other agencies, non-	I entries on both sides and attachments n, regardless of time of discovery, may understand that all information on this tional institutions listed being contacted fit, any information received from such governmental organizations or systems			
	Date: Applic	ant Signature					

SUPPLEMENTARY EXPERIENCE FORM

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Name		Attachment Number:
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rull time	Part time Hrs/wk	Your name if different from present

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Job Title.	TOOLING PER	Duties:
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